

Pages from the past — Dr R S Allison

Extract from the memoirs of the late Dr R S Allison, physician to the Royal Victoria Hospital. (Edited by Dr John Logan, Honorary Archivist).

Doctor R S Allison (1899-1978) was an exceptionally able and hardworking physician, on the staff of the Royal Victoria Hospital from 1930 to 1964. His first interest was in gastroenterology. This was superseded by neurology and for his neurological work he became nationally and internationally known. He was the first full-time neurologist in the Royal Victoria Hospital. It was he who built up the large and effective department which now exists. He had a life-long interest in the sea and in the Royal Navy. Among his many publications is his invaluable history of the Royal Victoria Hospital, *The seeds of time*. His success was due to his linguistic gifts, to his devotion to the study of disease and the care of patients, and to his ability to command and organise.

PRACTICE IN A SOUTH WALES VALLEY IN 1922

A J Cronin in his book *The citadel* gives a good description of the rigours of practice in the mining districts of South Wales. In the early part of 1922 I did two months' locum in the small mining town of Abertillery. There was one other assistant. The principal in the practice, an old Scotsman with a strong face and a twinkle in his eyes, was confined to bed with influenza and pneumonia. I remember that his wife was most parsimonious in the meals she prepared for us.

Abertillery itself was no health resort, being built along a cleft in the hills surrounding it, and depending on six coal pits for the employment of its work-people. In January the sun would set behind the western range of hills, leaving the valley for the long hours of succeeding darkness wreathed in mists and vapours escaping from the coalpits. Our days varied very little. Each of us was given a list of patients to call on before we set out after breakfast, our journeys being short, and involving going on foot up and down the different terraced streets composing the town, knocking on one door after another, spending only the minimum of time with each patient and rarely, if ever, making an examination. In this way we succeeded each in making thirty or forty visits between morning and afternoon surgery. This gave us little time for reflection so that we grew to loathe the place. One Saturday afternoon I was unwise enough to offer to referee a local rugby match between the town of Crosskeys and Abertillery, and became involved in a brawl which broke out between the players of the conflicting sides. In the morning and evening surgeries it was customary for many of the patients to bring their greyhounds, each on its leash, with them into the surgery. It seemed indeed that I had sunk very low and abrogated my responsibility as a keen young doctor in such connivances. There was no sorrow in my heart when the two months ended, and I was released, feeling a great sense of satisfaction at having earned for my two months' toil the goodly fee of £100.

I gained experience in doing short locums in other practices and especially memorable was one in the heart of Suffolk where I was very happy. The doctor who was away kept a well-appointed house and in autumn, when the mellowing afternoon sun lit up the fading beech leaves, the countryside was beautiful — full

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Malaria. Edited by G T Strickland. (pp 279. £15.00). London: Saunders, 1986. (Clinics in tropical medicine and communicable diseases, 1: 1).

The greatest disappointment of post-war preventive health measures is that malaria is again reinfesting the areas from which it was so painstakingly driven by sustained public health effort following the Second World War, and again a majority of the world's population live under its shadow. This is explained in the excellent chapter on the epidemiology of malaria and proper attention is given to the changing ways in which the illness may be propagated, in particular the influence of its second vector, the modern jet plane.

As the clinical descriptions in this book so amply demonstrate, malaria has a very protean symptomatology but its early recognition is essential since if, unrecognised and thus untreated, *Falciparum* malaria can be rapidly fatal especially to those reared in non-endemic areas. The same changes responsible for the changing epidemiology and treatment of malaria have largely altered the clinical picture, outdating descriptions in the standard medical textbooks and invalidating much of what we were once taught as undergraduates. Thus, a book providing an up-to-date account of the clinical presentations, management and prophylaxis of malaria was much needed and a busy clinician will find it hard to better this monograph as an authoritative source of information on all aspects of malaria. The chapter on the current status of malaria prophylaxis and the distribution of drug resistance should be required reading for anyone offering advice to prospective travellers, while the extensive exploration of the immunopathology and pathophysiology of malaria is well worth reading to gain some idea of how far the modern understanding of an infectious disease process can be extended.

Sensibly hard-backed to stand up to the heavy use it will undoubtedly receive as a reference source on all aspects of malaria, the book should be included in any hospital or health centre library and represents such good value by modern publishing standards that its purchase can be strongly recommended to practising clinicians. As the first in a very welcome series of clinics in infectious disease topics, *Malaria* sets an exceptional standard of scholarship and clarity which the editors of the succeeding volumes will do well to match.

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Knowledge representation in medicine and clinical behavioural science. Edited by L Kohout and W Bandler. (pp 211. £24.50). Cambridge, Mass: Abacus Press, 1986.

This is really a book for the enthusiast, although it will have some interest to most doctors. The authors examine many aspects of knowledge representation especially when it is relevant to information processing machines and to medical expert systems.

There is no doubt that computers have made a significant impact on the periphery of clinical practice. This book sets out to examine the background and problems related to future development of computers much more directly involved with clinical decisions. For this reason, the concepts are exciting as the scope involved is that much greater. The book itself is by a number of authors presenting different aspects of the analysis of problems and possible solutions. Parts of it are very technical and would, I suspect, only really interest people with a primary computer background. However, there are several challenging chapters concerning such things as the methodology of clinical decision making which should prove interesting to doctors with no computer knowledge. The authors also illustrate the considerable difficulty of reconciling the practical constraints of computing to the rather inexact science of the practice of medicine.

While the book as a whole is difficult to read, even a rather superficial examination is worthwhile in illustrating the state of the art and future lines of thought in true medical computing.

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of narrow twisting lanes with high hedgerows between sleepy villages. Most of the gables then were painted pink — a survival I was told of Danish influences in the past. I only remember one patient there. She was a woman to whom I was called on a Sunday morning to find in labour, but she denied that there had been any interruption of her menstrual cycle, which had apparently continued uninterrupted during the pregnancy.